

ORIGINAL

#27 / "NPC"

ADDRESS

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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I'M PLEASED TO HAVE THE CHANCE TO SPEAK TO AN AUDIENCE OF JOURNALISTS ABOUT AIDS AND ABOUT MY REPORT ON AIDS.

YOU PERFORM AN ENORMOUSLY VALUABLE SERVICE FOR THE AMERICAN PEOPLE IN REGARD TO THIS DISEASE.

THE ONLY AGENT THAT CAN HALT THE SPREAD OF THIS DISEASE RIGHT NOW IS THE CHANGE OF BEHAVIOR ON THE PART OF THOSE AMERICANS WHO ARE AT RISK.

AND THEY WON'T CHANGE, UNLESS THEY KNOW THE DANGER THEY'RE IN.

AND THE BEST AND QUICKEST WAY WE HAVE TO INFORM THEM OF THAT DANGER IS THROUGH THE MEDIA...THE PRESS.

THOSE OF US IN PUBLIC HEALTH, THEREFORE, SEE THE PRESS AS A MAJOR PARTNER IN THE FIGHT AGAINST AIDS.

I KNOW THAT MANY OF YOU ARE NOT COMFORTABLE ABOUT BEING A PARTNER WITH GOVERNMENT IN ANYTHING. I RECOGNIZE THE SPECIAL NATURE OF YOUR FEELINGS, AS JOURNALISTS, AND I'VE COME -- GRUDGINGLY -- TO RESPECT THEM.

NEVERTHELESS, IF WE WANT TO HAVE AN INFORMED PUBLIC DOING THINGS THAT ARE NECESSARY FOR THEIR HEALTH AND THEIR SURVIVAL, WE MUST HAVE AN ENGAGED PRESS FOLLOWING THIS STORY.

I WANT YOU INFORMED...I WANT YOU ENGAGED...I WANT YOU INTERESTED ...AND SO I'M HERE TODAY TO SHARE SOME THOUGHTS WITH YOU AND, LATER, TO ANSWER YOUR QUESTIONS.

FIRST, A NOTE OF CAUTION. WE HAVE A MAJOR RESEARCH EFFORT UNDERWAY TO UNLOCK THE SECRETS OF THE AIDS VIRUS. THE PUBLIC IS NATURALLY INTERESTED IN ANY PROGRESS MADE BY RESEARCH. AND SOMETIMES THE NEWS HAS BEEN -- AND WILL BE -- VERY GOOD.

BUT WE NEED TO KEEP IN MIND THAT ALL THE SIGNS SO FAR INDICATE THAT THE RESEARCH EFFORT IS GOING TO BE LONG AND EXTREMELY DIFFICULT. AND MONEY ALONE CAN'T CHANGE THAT. THE DEVELOPMENT OF A VACCINE -- WHICH, FOR ANY VIRAL DISEASE, IS A LONG PROCESS -- HAS BARELY BEGUN IN THE CASE OF AIDS.

SOME OF YOU MAY REMEMBER THAT IT TOOK 19 YEARS TO DEVELOP THE HEPATITIS B VACCINE -- AND THAT WAS A COMPARATIVELY EASY VIRUS TO UNDERSTAND. THE AIDS VIRUS, HOWEVER, IS MUCH MORE DIFFICULT.

TODAY, IT'S OUR HOPE THAT WE WILL HAVE A SAFE AND EFFECTIVE AIDS VACCINE GENERALLY AVAILABLE SOMETIME TOWARD THE END OF THIS CENTURY ...SAY,THE LATE 1990s. AND THAT'S ABOUT AS OPTIMISTIC AS WE CAN REASONABLY BE.

I HOPE YOU CARRY THIS INFORMATION BACK TO THE PEOPLE WHO RIGHT THE HEADLINES OVER YOUR STORIES. THEY ARE FREQUENTLY OVER-STATED AND AT VARIANCE WITH THE FACTS PRESENTED IN THE STORIES THEMSELVES.

WE'RE FACING THE SAME SITUATION IN REGARD TO DRUGS. THE ONLY ONE WE HAVE NOW -- AZIDOTHYIMIDINE, OR A.Z.T. -- PROVIDES SOME RELIEF AND EVEN A FEW MORE MONTHS -- MAYBE YEARS -- OF LIFE FOR AIDS PATIENTS WITH PNEUMOCYSTIS CARINII PNEUMONIA.

BUT A.Z.T. DOES NOT CURE ANYONE OF AIDS ITSELF.

A FEW OTHER DRUGS IN THE INVESTIGATIONAL PIPELINE MAY TURN OUT TO DO THE SAME THING: THAT IS, TREAT THE SYMPTOMS OF AN AIDS-RELATED DISEASE...BUT PROBABLY NOT AIDS ITSELF.

WE MUST REMEMBER THAT OUR EXPERIENCE WITH AIDS IS BARELY SIX YEARS OLD. IT ALL BEGAN WITH ONLY 5 REPORTED CASES IN JUNE 1981 TO A CUMULATIVE TOTAL, AS OF LAST WEEK, OF NEARLY 33,000 CASES OF PEOPLE WITH AIDS.

AND OVER HALF OF THEM HAVE ALREADY DIED OF THE DISEASE. MOST OF THE REST APPARENTLY WILL.

LAST YEAR MORE THAN 13,000 NEW CASES WERE ADDED TO THE TOTAL. THIS YEAR WE EXPECT ANOTHER 23,000 CASES.

BY THE MIDDLE OF 1991, A DECADE AFTER THOSE FIRST FEW REPORTS CAME IN, WE EXPECT THAT A QUARTER OF A MILLION AMERICANS WILL HAVE CONTRACTED AIDS...A DISEASE THAT, SO FAR, HAS A MORTALITY RATE OF 100 PERCENT.

MAKE NO MISTAKE ABOUT IT. AIDS IS FATAL AND IT IS SPREADING.

THE OTHER THING WE KNOW WITH SOME CERTAINTY IS THAT THE AIDS VIRUS IS TRANSMITTED FROM ONE PERSON TO ANOTHER EITHER IN BLOOD OR IN SEMEN. NO OTHER BODILY FLUIDS -- TEARS, SALIVA, OR PERSPIRATION, FOR EXAMPLE -- HAVE THE CONCENTRATION THAT THE VIRUS SEEMS TO REQUIRE.

THAT FACT ALSO EXPLAINS WHY TWO-THIRDS OF ALL AIDS VICTIMS ARE HOMOSEXUALS OR BISEXUAL MEN. SOME SEX PRACTICES AMONG THESE MEN NOT ONLY PRODUCE SEMEN BUT THEY CAN ALSO CAUSE BLEEDING. AS BLOOD AND SEMEN ARE EXCHANGED BETWEEN PARTNERS, THE VIRUS MAY BE TRANSMITTED.

THE SECOND LARGEST GROUP OF AIDS CARRIERS -- ONE-FOURTH OF THE TOTAL -- ARE DRUG ABUSERS WHO BORROW DIRTY INTRAVENOUS NEEDLES OR OTHER CONTAMINATED PARAPHERNALIA FROM OTHER ADDICTS WHO ALREADY HAVE AIDS. THE EPIDEMIOLOGICAL EVIDENCE INDICATES THAT A THIRD OF THESE DRUG ABUSERS ALSO HAPPEN TO BE HOMOSEXUALS...MEN WHO'VE VASTLY INCREASED THEIR RISK OF AN EARLY DEATH.

HOMOSEXUALS, BISEXUAL MEN, AND INTRAVENOUS DRUG ABUSERS COMPRISE THE VAST MAJORITY OF AIDS VICTIMS SO FAR. BUT THIS IS NO LONGER AN EXCLUSIVE CLUB. LATELY THERE'S BEEN A RISE IN THE NUMBER OF AIDS CASES REPORTED AMONG HETEROSEXUAL MEN AND WOMEN WHO ARE NOT I.V. DRUG ABUSERS.

IN FACT, THE EVIDENCE SO FAR SUGGESTS THAT THEIR HETEROSEXUAL ACTIVITY ALONE SEEMS TO BE THEIR SINGLE RISK FACTOR.

AS OF LAST WEEK, ABOUT 4 PERCENT OF ALL AIDS REPORTS SO FAR INVOLVED HETEROSEXUAL MEN AND WOMEN. 1,200 CASES. YOU MIGHT SAY, "THAT'S NOT MUCH."

HOWEVER, WHILE THE OVERALL NUMBER OF AIDS CASES WILL PROBABLY INCREASE 9-FOLD OVER THE NEXT FIVE YEARS, THE NUMBER OF AIDS CASES INVOLVING HETEROSEXUALS WILL INCREASE ABOUT 20-FOLD.

AS THE DISEASE SPREADS MORE AND MORE AMONG HETEROSEXUALS, WE'LL CONTINUE TO EXPAND OUR INFORMATION AND EDUCATION EFFORTS WELL BEYOND THE COMMUNITIES OF HOMOSEXUALS AND DRUG ADDICTS.

ANOTHER FACT THAT IS EMERGING WITH MORE CLARITY IS THE INCIDENCE OF THE DISEASE AMONG BLACKS AND HISPANICS. IN THE POPULATION GENERALLY, 1 OF EVERY 8 AMERICANS IS BLACK...BUT AMONG AMERICANS WITH AIDS, 1 OF EVERY 4 IS BLACK: 24 PERCENT OF THE TOTAL CASES REPORTED SO FAR.

ONE OF EVERY 12 AMERICANS IS HISPANIC...BUT 1 OF EVERY 7 AMERICANS WITH AIDS IS HISPANIC. ALSO, ABOUT A THIRD OF ALL BLACK AND HISPANIC AIDS VICTIMS ARE I.V. DRUG ABUSERS, WHICH IS ALSO DISPROPORTIONATE.

IN ADDITION, MORE THAN HALF THE NUMBER OF INFANTS WITH AIDS ARE BLACK AND ANOTHER 24 PERCENT ARE HISPANIC. AGAIN, THESE ARE HIGHLY DISPROPORTIONATE FIGURES.

AND 9 OUT OF 10 OF THOSE BLACK AND HISPANIC CHILDREN WITH AIDS GOT THE VIRUS FROM THEIR INFECTED MOTHERS EITHER IN UTERO OR DURING DELIVERY.

AND JUST TO INCREASE OUR SENSE OF HORROR AT THIS CATASTROPHE OCCURRING IN THE BLACK AND HISPANIC COMMUNITIES, WE SUSPECT THAT THE NUMBERS OF CASES ARE VASTLY UNDER-REPORTED.

WHAT DO ALL THESE PIECES OF INFORMATION SUGGEST. I THINK THEY MEAN THAT THE GEOGRAPHY OF THE DISEASE OF AIDS IS CHANGING.

AT ONE TIME WE WERE CONCERNED PRIMARILY -- ALMOST EXCLUSIVELY -- WITH THE POPULATIONS AT RISK IN SAN FRANCISCO, LOS ANGELES, AND NEW YORK CITY. AND THESE CITIES STILL HAVE THE HIGHEST NUMBERS OF AIDS CASES.

BUT THEY'RE NO LONGER ALONE. OTHER CITIES AND STATES ARE SHOWING A RISE IN CASES, TOO. HERE ARE SOME EXAMPLES OF THE SPREAD:

HOUSTON HAD 77 CASES IN 1983, BUT IT REPORTED 428 LAST YEAR.

DALLAS HAD ONLY 26 AIDS CASES IN 1983; IT HAD 284 LAST YEAR.

ATLANTA HAD 25 IN 1983; IT HAD 221 LAST YEAR.

BOSTON HAD 38 IN 1983 AND 187 LAST YEAR.

IN ALL, 15 CITIES HAVE EACH REPORTED MORE THAN 300 CASES OF AIDS SINCE THE COUNTING BEGAN IN 1981.

AS OF TODAY, AT LEAST 1 OR MORE CASES HAVE BEEN REPORTED IN ALL 50 STATES, GUAM, THE TRUST TERRITORY, THE VIRGIN ISLANDS, AND THE DISTRICT OF COLUMBIA.

COLORADO, FOR EXAMPLE, HAD 176 NEW CASES DURING THE PAST 12 MONTHS, MARCH '86 TO MARCH '87.

OHIO HAD 179 DURING THE SAME PERIOD.

ARKANSAS HAD 32.

MISSISSIPPI...28. AND SO ON.

WE'VE ALL BEEN WATCHING THE SLOW BUT APPARENTLY UNRELENTING SPREAD OF THIS DISEASE OVER FOR THE PAST 6 YEARS. IT IS REACHING FURTHER AND FURTHER INTO OUR SOCIETY AND WE SIMPLY AREN'T YET ABLE TO SLOW IT DOWN, MUCH LESS STOP IT ALTOGETHER.

IT WOULD APPEAR THAT THIS MIGHT BE THE TIME FOR REPRESENTATIVES FROM ALL LEVELS OF GOVERNMENT -- FEDERAL, STATE, AND LOCAL -- AS WELL AS FROM ALL CONCERNED INTERESTS IN THE PRIVATE SECTOR TO SIT DOWN TOGETHER AND LOOK AT TWO VERY SERIOUS ISSUES FOR THE FUTURE:

FIRST OF ALL, THE COSTS OF THIS DISEASE TO OUR SOCIETY ARE ALREADY HIGH...AND THEY ARE GOING TO GET ASTRONOMICAL. THE PRESENT COSTS OF RESEARCH AND PATIENT CARE ARE ALREADY RUNNING IN THE HUNDREDS OF MILLIONS. BEFORE ANOTHER DECADE PASSES, THEY COULD BE IN THE TENS OF BILLIONS. HOW WILL THIS MONEY BE RAISED? HOW WILL IT BE SPENT? WHAT KINDS OF PRIORITIES SHOULD WE SET FOR OURSELVES?

AND A RELATED QUESTION IS THE ROLE OF INSURANCE. WITH A DISEASE SUCH AS AIDS...WITH ITS ENORMOUS POTENTIAL FOR BANKRUPTING A COMMUNITY'S HEALTH CARE SYSTEM...WE NEED TO TALK ABOUT THE ROLE THAT INSURANCE OUGHT TO PLAY...OR OUGHT NOT TO PLAY. IN THE CASE OF INSURANCE, AS THROUGHOUT THIS ISSUE OF FINANCING THE COSTS OF AIDS, WE DARE NOT HAVE DECISIONS MADE BY DEFAULT OR BY INDECISION.

SECONDLY, I THINK WE HAVE TO TAKE ANOTHER LOOK AT HOW WE CARE FOR THE TERMINALLY ILL PATIENT WITH AIDS. WE CAN'T CONTINUE INDEFINITELY TO SET ASIDE BEDS FOR THEM IN OUR ACUTE CARE AND GENERAL HOSPITALS. THE COSTS -- IN BOTH DOLLARS AND PERSONNEL -- WILL SIMPLY OVERWHELM OUR HOSPITAL SYSTEM. YET, WE KNOW THAT THE PERIOD OF DEBILITATION AND DYING CAN BE PROLONGED AND THAT EACH AIDS PATIENT REQUIRES SOME KIND OF CARE EVERY REMAINING DAY OF HIS OR HER LIFE. WE NEED TO DETERMINE JUST WHAT LEVELS OF CARE ARE NEEDED AND HOW WE WILL PROVIDE THAT CARE IN A COMPASSIONATE, PROFESSIONAL, AND RESOURCE-EFFECTIVE MANNER.

RIGHT NOW, WE'RE DOING A GREAT DEAL OF EXPERIMENTATION IN THE MATTER OF PATIENT CARE, AND I HAVE NOTHING BUT TOTAL ADMIRATION FOR THE DEDICATED HEALTH PERSONNEL WHO'VE BEEN INVOLVED SO FAR. BUT WE'VE GOT TO MAKE SURE THAT THESE DIFFERENT APPROACHES ARE RECOGNIZED AND UNDERSTOOD AND...WHEN THEY'RE SEEN TOGETHER IN CONTEXT...THAT THEY POINT US IN SOME HELPFUL AND HOPEFUL DIRECTIONS.

I BELIEVE THE TIME MAY BE NOW UPON US TO ENGAGE IN THIS KIND OF NATIONAL DIALOGUE ON FINANCES AND PATIENT CARE BECAUSE -- WITH THE HELP OF THE PRESS, I MIGHT ADD -- THE AMERICAN PEOPLE ARE GAINING A CLEARER UNDERSTANDING OF THE THREAT POSED TO THEM BY THIS DISEASE AND ARE, THEMSELVES, TRYING TO WORK THROUGH THE ISSUES.

IT WAS, BY THE WAY, FOR THAT VERY PURPOSE -- THAT IS, TO INCREASE PUBLIC UNDERSTANDING -- THAT PRESIDENT REAGAN ASKED ME, BACK IN FEBRUARY 1986, TO PULL TOGETHER EVERYTHING WE KNEW ABOUT AIDS AND PUT IT ALL DOWN IN A PLAIN-ENGLISH REPORT TO THE AMERICAN PEOPLE.

FOR 8 MONTHS -- FEBRUARY THROUGH SEPTEMBER OF LAST YEAR -- I MET QUIETLY AND PRIVATELY WITH INDIVIDUALS AND GROUPS FROM ACROSS THE SPECTRUM OF SOCIETY...

GROUPS LIKE THE NATIONAL EDUCATION ASSOCIATION AND THE NATIONAL P.T.A....

THE CHRISTIAN LIFE COMMISSION OF THE SOUTHERN BAPTIST CONVENTION AND THE SYNAGOGUE COUNCIL OF AMERICA...

I MET WITH THE NATIONAL COALITION OF BLACK AND LESBIAN GAYS AND THE WASHINGTON BUSINESS GROUP ON HEALTH.

I HAD GOOD MEETINGS WITH THE REPRESENTATIVES OF LOCAL, COUNTY, STATE, AND TERRITORIAL HEALTH OFFICIALS...26 GROUPS IN ALL.

THEY WERE ALL EXTRAORDINARILY HELPFUL. EACH ONE PLEDGED TO DO WHATEVER WAS NECESSARY TO DISTRIBUTE MY REPORT ACROSS THE LENGTH AND BREADTH OF AMERICA. AND MANY OF THEM ALREADY HAVE.

AFTER 8 MONTHS OF LISTENING AND WRITING, I DELIVERED MY REPORT TO THE WHITE HOUSE LATE LAST SEPTEMBER. THE CABINET HEARD IT AND ACCEPTED IT...THE DOMESTIC POLICY COUNCIL ACCEPTED IT...AND, OF COURSE, THE PRESIDENT ACCEPTED IT.

I WANT TO ASSURE YOU THAT AT NO TIME IN THIS HIGH-LEVEL REVIEW PROCESS DID ANYONE TINKER WITH IT. THE FINAL PUBLISHED REPORT I RELEASED ON OCTOBER 22 WAS THE EXACT SAME REPORT THAT I PERSONALLY WROTE BETWEEN FEBRUARY AND SEPTEMBER OF LAST YEAR.

THE REPORT HAS ACCOMPLISHED TWO THINGS:

FIRST, IT HAS IMPRESSED THE COUNTRY GENERALLY THAT AIDS IS INDEED EVERYBODY'S PROBLEM. SOME PEOPLE DID NOT WANT TO BELIEVE THAT,

NOW THEY MUST.

SECOND, THE REPORT MAKES CLEAR THAT, IN ORDER TO END THE CHAIN OF TRANSMISSION OF THIS DISEASE ONCE AND FOR ALL, WE NEED TO TEACH OUR YOUNG PEOPLE THE FACTS ABOUT AIDS AND ABOUT THEIR OWN SEXUALITY. THE OBJECTIVE IS TO MAKE THEM A LOT MORE RESPONSIBLE IN THEIR RELATIONSHIPS THAN THEIR ELDERS HAVE BEEN.

WHAT MIGHT SUCH AN EDUCATION PROGRAM SAY? WHO SHOULD SAY IT? WHO SHOULD HEAR IT? AND WHEN?

MOST EDUCATORS AGREE THAT ANY EDUCATIONAL PROGRAM IN THIS AREA OUGHT TO BE PART OF A COMPREHENSIVE CURRICULUM IN SCHOOL HEALTH EDUCATION. SUCH A CURRICULUM USUALLY INCLUDES INFORMATION ON NUTRITION, DENTAL HEALTH, PHYSICAL FITNESS, ACCIDENT PREVENTION, AND SO ON.

THE INFORMATION THAT IS AIDS-RELATED OUGHT TO BE EVERY BIT AS FACTUALLY CORRECT AND PERSONALLY SENSITIVE AS THE REST OF THE CURRICULUM IS.

SCIENCE AND GOVERNMENT CAN HELP PROVIDE THE FACTUALLY CORRECT INFORMATION. BUT IN OUR AMERICAN TRADITION, JUDGMENTS AS TO THE SENSITIVITY AND MORALITY OF A PARTICULAR CURRICULUM ARE LEFT TO FAMILIES AND COMMUNITIES TO DECIDE.

I DO HAVE SOME OBSERVATIONS, HOWEVER, THAT ARE DRAWN FROM THE COLLECTIVE EXPERIENCE OF HEALTH AND MENTAL HEALTH EXPERTS WHO HAVE BEEN WORKING IN THIS AREA FOR A LONG TIME.

WITH MANY OF THEM I SHARE THE SAME DISCOMFORT WITH THE TERM "SEX EDUCATION." IT HAS, BY NOW, FAIRLY LIMITED CONNOTATIONS IN THE PUBLIC MIND. PEOPLE HEAR THE PHRASE, "SEX EDUCATION," AND THEY IMMEDIATELY THINK OF CLASS HOURS DEVOTED TO HUMAN REPRODUCTIVE BIOLOGY...WHAT MANY YOUNG PEOPLE CALL "ORGAN RECITALS."

MOST SCHOOLS NOW OFFER THIS MINIMUM KIND OF SEX EDUCATION SOME TIME DURING THE JUNIOR HIGH OR MIDDLE SCHOOL YEARS AND THAT'S A GOOD THING, ALTHOUGH IT MIGHT BE A LITTLE LATE.

I HAVE URGED THAT THE MATERIAL BE PRESENTED EARLIER, AMONG 9-, 10-, AND 11-YEAR-OLDS.

OF COURSE, DEVELOPMENTAL AGE IS MORE IMPORTANT THAN CHRONOLOGICAL AGE. AND, AGAIN, COMMUNITY STANDARDS MUST BE TAKEN INTO ACCOUNT, AND THESE VARY FROM PLACE TO PLACE.

YOUNG CHILDREN ARE EXTREMELY CURIOUS ABOUT THEMSELVES, AS THEY SHAPE THEIR OWN IDENTITIES. THEY ARE ALSO KINDER AND MORE GENEROUS THAN OLDER CHILDREN...OR EVEN THAN MOST ADULTS, FOR THAT MATTER.

THEY ARE, ABOVE ALL, SUSCEPTIBLE TO BEING LOVED AND TO OFFERING MUCH LOVE IN RETURN.

AND SEX EDUCATION WITHOUT THE CONCEPT OF LOVE AND RESPONSIBILITY IS LIKE A PIECE OF PIE THAT'S ALL CRUST AND NO FILLING.

MY OWN PREFERENCE, THEREFORE, IS TO HAVE OUR CHILDREN INTRODUCED TO THE SUBJECT OF REPRODUCTIVE BIOLOGY WITHIN A MORE GENERAL DISCUSSION OF THE NATURE OF SENSITIVE AND AFFIRMATIVE HUMAN RELATIONS.

THAT'S EASIER TO SAY THAN TO DO, I KNOW. AND FURTHERMORE, SOME PARENTS GET UNEASY ABOUT HAVING A SCHOOL IMPART CERTAIN VALUES TO THEIR CHILDREN. THEY THINK THAT SUCH INSTRUCTION SHOULD BE DONE AT HOME. AND ACTUALLY I THOROUGHLY AGREE.

IN FACT, A GREAT DEAL OF INSTRUCTION DOES GO ON IN THE HOME ...BUT IT'S NOT THE KIND WE WANT. NOT LONG AGO I RECEIVED SOME DATA ON THAT VERY SUBJECT AND I'LL SHARE IT WITH YOU NOW.

RESEARCHERS AT MICHIGAN STATE UNIVERSITY TOOK A LOOK AT THE KIND OF TELEVISION SHOWS AND MOVIES WATCHED BY 9TH- AND 10TH-GRADE CHILDREN. THEY FOUND THAT A SUBSTANTIAL NUMBER OF TEEN-AGERS WATCH MID-DAY SOAP OPERAS IN WHICH SEXUAL INTERCOURSE BETWEEN UNMARRIED PARTNERS IS SHOWN OR DISCUSSED ON AN AVERAGE OF 1.56 TIMES AN HOUR.

THESE CHILDREN ALSO WATCH PRIME-TIME SHOWS AT NIGHT IN WHICH ACTS OF UNMARRIED INTERCOURSE ARE SHOWN OR DISCUSSED ON AN AVERAGE OF ONCE AN HOUR.

THE MICHIGAN STATE TEAM ALSO FOUND THAT 60 TO 70 PERCENT OF THESE YOUNG PEOPLE SAW THE YEAR'S TOP 5 "R"-RATED FILMS, IN WHICH SEXUAL INTERCOURSE BETWEEN UNMARRIED PARTNERS OCCURRED ON AN AVERAGE OF 8 TIMES PER FILM.

IN MOST OF THESE CASES, NO ONE GETS HURT...NOBODY GETS PREGNANT ...AND NO ONE TAKES RESPONSIBILITY.

THAT'S REALLY A TERRIBLE WAY FOR CHILDREN TO LEARN ABOUT SEXUALITY AND HUMAN RELATIONSHIPS. CLEARLY, THIS IS WHERE PARENTS NEED TO STEP IN.

UNFORTUNATELY, MANY PARENTS DON'T. THAT'S WHY I BELIEVE THERE IS A COMPELLING SOCIAL NEED FOR OUR SCHOOLS, CHURCHES, SYNAGOGUES, AND OTHER COMMUNAL INSTITUTIONS TO DO WHATEVER THEY CAN TO PROVIDE OUR CHILDREN WITH THE MOST HELPFUL KINDS OF INFORMATION. THEIR HEALTH -- AND THEIR VERY LIVES -- MAY BE AT STAKE.

AS I INDICATED EARLIER, I THINK "SEX EDUCATION" OUGHT TO TAKE PLACE WITHIN THE CONTEXT OF LEARNING ABOUT ADULT RELATIONSHIPS THAT ARE LOVING, CARING, RESPECTFUL, AND CONSIDERATE.

SUCH RELATIONSHIPS INCLUDE SOME FULFILLING SEXUAL ACTIVITY, BUT THEY ARE NOT DEFINED ONLY BY THAT ACTIVITY. THERE'S MUCH MORE TO HUMAN RELATIONSHIPS THAN JUST "GOOD SEX." AND YOUNG PEOPLE OUGHT TO BE TOLD THAT.

EVERYONE DREAMS OF SUCH A RELATIONSHIP. THE NOVELIST CALLS IT "TRUE LOVE." THE SOCIOLOGIST CALLS IT "MARITAL FIDELITY." THE SURGEON GENERAL CALLS IT "MONOGAMY."

FROM A PUBLIC HEALTH POINT OF VIEW, THE BEST DEFENSE AGAINST AIDS, SHORT OF TOTAL ABSTINENCE, IS TO MAINTAIN A FAITHFUL, MONOGAMOUS RELATIONSHIP...THE KIND OF RELATIONSHIP IN WHICH YOU HAVE ONLY ONE CONTINUING SEXUAL PARTNER...AND THAT PERSON IS AS FAITHFUL AS YOU ARE.

TO PARAPHRASE MR. LEE IACocca, I SAY...

IF YOU HAVE A MONOGAMOUS RELATIONSHIP...KEEP IT.

IF YOU DON'T HAVE ONE, GET IT.

MY ADVOCACY OF MONOGAMY MAY SOUND LIKE A MORALITY LESSON, BUT I DIDN'T COME HERE TODAY TO PREACH TO YOU. NEVERTHELESS, IN OUR BATTLE AGAINST AIDS, IT JUST SO HAPPENS THAT -- IN ADDITION TO EDUCATION -- YOU CAN COUNT SCIENCE AND MORALITY AS OUR MOST POWERFUL ALLIES.

FOR INDIVIDUALS WHO DON'T YET HAVE A FAITHFUL MONOGAMOUS RELATIONSHIP FOR WHATEVER REASON, I ADVISE ABSTINENCE. AND MY ADVICE IS STRAIGHTFORWARD ENOUGH: IF YOU DON'T KNOW WHAT YOU'RE DOING...OR WITH WHOM YOU'RE DOING IT...THEN DON'T DO IT.

I BELIEVE THAT'S NOT ONLY GOOD PUBLIC HEALTH DOCTRINE, IT'S ALSO GOOD SCIENCE. AND THERE ARE SOME WHO MIGHT ARGUE IT WAS GOOD MORALS AS WELL.

FINALLY, THERE ARE MANY INDIVIDUALS WHO DON'T HAVE A MONOGAMOUS RELATIONSHIP AND WHO WON'T REMAIN ABSTINENT. TO THEM I STRONGLY ADVISE THAT THEY TAKE EVERY PRECAUTION TO PROTECT THEMSELVES AND THEIR PARTNERS FROM THE RISK OF GETTING AIDS.

IF YOU ARE ONE OF THESE INDIVIDUALS, YOU NEED TO KNOW WITH ABSOLUTE CERTAINTY THAT NEITHER YOU NOR ANY OF YOUR SEXUAL PARTNERS ARE CARRYING THE AIDS VIRUS. IF YOU ARE NOT ABSOLUTELY CERTAIN, THEN YOU MUST TAKE PRECAUTIONS. FOR EXAMPLE...

* DON'T HAVE SEX WITH SOMEONE WHO ALREADY HAS AIDS, THAT OUGHT TO BE OBVIOUS.

* DON'T HAVE SEX WITH SOMEONE WHO INDULGES IN HIGH-RISK BEHAVIOR. THAT WOULD INCLUDE HOMOSEXUALS, INTRAVENOUS DRUG USERS, AND PROSTITUTES AND OTHERS WHO HAVE MANY DIFFERENT SEX PARTNERS. OBVIOUSLY THE SAME MESSAGE GOES TO ANY OF THOSE HIGH-RISK INDIVIDUALS AS WELL.

* AND FINALLY, IF YOU DO DECIDE TO HAVE SEX WITH SUCH AN INDIVIDUAL ANYWAY -- A DECISION CARRYING PROFOUNDLY SERIOUS HEALTH CONSEQUENCES -- THEN, IF YOU'RE A MAN, AT LEAST USE A CONDOM FROM START TO FINISH. IF YOU'RE A WOMAN, MAKE SURE YOUR MALE PARTNER USES A CONDOM.

A CONDOM WON'T PROVIDE 100 PERCENT PROTECTION -- FEW THINGS IN LIFE DO -- BUT CONDOMS SEEM TO OFFER THE BEST PROTECTION SHORT OF MONOGAMY AND ABSTINENCE.

IF SEXUALLY ACTIVE PEOPLE WILL HEED THESE MESSAGES, THEY WILL ACHIEVE A HIGH DEGREE OF PROTECTION AND MOST LIKELY WON'T BE INFECTED WITH THE AIDS VIRUS.

I'M SHARING THESE THOUGHTS WITH YOU TODAY BECAUSE I BELIEVE THAT EACH OF US -- IN OUR HOMES OR IN OUR SCHOOLS -- HAS THE RESPONSIBILITY TO PASS THAT INFORMATION ON TO OUR CHILDREN.

I KNOW THAT IN THIS ROOM THERE ARE DOZENS OF PEOPLE WHO WILL NOT ONLY DO THAT IN THEIR OWN HOMES, BUT CAN DO IT IN THEIR JOBS AS WELL. AND I HOPE YOU DO, ESPECIALLY IF YOU FEEL AS I DO...THAT YOUNG LIVES ARE AT STAKE.

THIS HAS BEEN A GRIM MESSAGE AND I GUESS I'M A GRIM COURIER. I
ONLY HOPE THAT EVERY AMERICAN WHO HEARS OR READS MY MESSAGE, WILL
BELIEVE IT AND DO HIS OR HER PART TO...

STOP THE SPREAD OF AIDS...

PROTECT AND SAVE THE LIVES OF PEOPLE AT RISK, INCLUDING
UNSUSPECTING YOUNG PEOPLE...

AND RETURN HUMAN SEXUALITY BACK TO ITS RIGHTFUL PLACE: PART OF THE
TOTAL COMPLEX OF HUMAN, CARING, INTERPERSONAL RELATIONS.

THANK YOU.

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